Arlington Council on Aging 27 Maple Street Arlington, MA 02476 781-316-3400



FY 2021 Application for Veterans' Tax Work Off Program DUE BY OCTOBER 15, 2020

Date	Fiscal Year	
Name of applicant		
Email	DOB	
	Guidelines: Answers are confidential. Applicants meeting eligibility requirements will be considered for articipating departments. Residents must reapply annually. Verification is required	
• Applicant (DD214)	must be an honorably or medically discharged veteran and provide a certification of veteran's status	
• 5 spots are	designated for Veterans	
Abatement up to \$1,000 annually per Veteran, must work up to 83 hours		
One year residency in Arlington requirement		
Applicant name must be on the deed		
One Veteran tax work-off abatement participant per household		
W-4 and CORI (Criminal Offender Record Information) forms are part of the application (a copy of a picture ID is required for the CORI)		
Do you own and occupy the property for which Arlington taxes are paid ?		
Is the deed in the applicant's name? <u>yes</u> <u>no</u>		
Are there any unusual or extraordinary needs or expenses?		

Placement Information		
, •	d skills that will help us evaluate your application for this program	
(i.e. computer skills, accounting, office, c	data entry, etc.)	
Participation in this program is subject to	the needs of participating Town departments. Please identify your	
	at preferred. Please note we will do our best to match your skill set	
•	placement is based upon the current needs of the Town departments.	
	er assignments will be conducted remotely, virtually, or in a socially	
distant manor.	or assignments tim be conducted remotery, threadily, or in a socially	
Days and hours you are available to work:		
Agreement: If I qualify for the Veterans'	Tax Work Off Program, I understand that all amounts earned will be	
subject to appropriate income and FICA t	axes, and that net earnings will be applied to my Town of Arlington	
Real Estate Property Tax for property tha	t I own and occupy. Placement in this program is based on	
availability of suitable work. All applicant	s must adhere to town policies and a packet will be provided to each	
accepted applicant.		
Signature	Date:	
	FOR OFFICE USE ONLY	
D. C		
Keterral to:	Date:	
	Chart Data	
	Start Date:	
Department Supervisor:	COA Signature:	